2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2016
Secretary of State
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Entity Name: POISE & APLOMB LLC

Current Principal Place of Business:

54 ANDORA STREET
SAINT AUGUSTINE, FL 32086

Current Mailing Address:

54 ANDORA STREET
SAINT AUGUSTINE, FL 32086

FEI Number: 46-4468505

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAGUIRE, SHARON L
54 ANDORA STREET
SAINT AUGUSTINE, FL 32086 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHARON L. MAGUIRE 04/26/2016

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	MAGUIRE, SHARON L	Name	MAGUIRE, LINDSEY S
Address	54 ANDORA STREET	Address	54 ANDORA STREET
City-State-Zip:	SAINT AUGUSTINE FL 32086	City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	MGRM
Name	NICHOLS, CORY
Address	54 ANDORA STREET
City-State-Zip:	SAINT AUGUSTINE FL 32086

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINDSEY MAGUIRE MGRM 04/26/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date